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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/455,978 |
| | | Filing Date | December 6, 1999 |
| | | First Named Inventor | Alam et al. |
| | | Group Art Unit | 1656 |
| | | Examiner Name | Holly Schnizer |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 201040/1020 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$_____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (\$250.00) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check in the amount of \$1,000.00 <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition to Revive Unintentionally Abandoned Application Under 37 C.F.R. § 1.137(b) (w/Exhibits 1-2) (\$750.00) |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600 |
| Signature |  Registration No. 40,087 |
| Date | January 27, 2006 |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
|--|---|
| I hereby certify that this correspondence is being: | |
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| <u>1/27/06</u> Date | <u>Laura L. Trost</u> Signature Laura L. Trost Typed or printed name |